

CLAIMS ONLY							Application Number 10/708765		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/	/			61				
2				/			62				
3				/			63				
4				/			64				
5				/			65				
6				/			66				
7				/			67				
8				/			68				
9				/			69				
10				/			70				
11				/			71				
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22				/			82				
23				/			83				
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25				/			85				
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33				/			93				
34				/			94				
35				/			95				
36				/			96				
37				/			97				
38				/			98				
39				/			99				
40				/			100				
41				/							
42				/							
43				/							
44				/							
45				/							
46				/							
47				/							
48				/							
49				/							
50				/							
Total Indep			2				Total Indep				
Total Depend			18				Total Depend				
Total Claims			20				Total Claims				